COMPLAINT REGARDING BUSINESS PRACTICE

If you have observed or learned of a business practice or individual conduct which you believe may violate Iowa insurance, securities or regulated industries law, and you are not the consumer involved in or affected by the practice or conduct, you may advise the Iowa Insurance Division of your concerns and request investigation by completing this form.

Your Name (Please print or type)	Daytime ph	Daytime phone number		Email Address	
Your Address: Street	City	State	Zip Code	County	
Name of business that is the subject or your compla	int Name of inc	dividual that is the	e subject of your	complaint	
Name of Purchaser (if applicable)	Identification Numl	ber of product or	merchandise (if a	applicable)	
Date of purchase (if applicable)	Dat	Date of loss (if applicable)			
Type of Product (please check applicable box): ☐ Insurance ☐ Securities & Investments ☐ Other Regulated Businesses ☐ Other	about provid RX nu Group NDC Quant	If you represent a pharmacy making a complaint about a pharmacy benefits manager , please provide the following additional information: RX number Group number NDC Quantity Member ID Number			
Attach copies of any documents that are cent	tral to your compla	aint.			
Please submit your completed form and attachment Iowa Insurance Division	s for Iowa Insurance	Division review to):		
Regulated Industries Unit 601 Locust Street, 4 th Floor OR Des Moines, Iowa 50309-3738	Fax to: Email to:	515-281-305 complaints@			
By submitting this complaint, you verify that your sprotections of Iowa Code chapters 22, 502, 505, 507, applicable state or federal statutes or regulations, you this complaint form and attachments to the business	tatements are true an 7, 507B, 510, 510B, 51 ou are authorizing the	d, without otherw 4L, 516E, 523A, 5 lowa Insurance	rise waiving any o 23C, 523D, 523I Division to provi	, or other	
Signature		te			